



Tennessee Human Rights Commission

Return to:
531 Henley Street
Room 701

Knoxville, Tennessee 37902

Phone: (865) 594-6500 Fax: (865) 594-6178



THRC NO.:

HUD NO.:

HOUSING DISCRIMINATION COMPLAINT FORM

TELEPHONE NUMBER

PLEASE TYPE OR PRINT

Home
()

Business
()

1. Name of aggrieved person or organization (Last Name-First Name-Middle Initial) (Mr. Mrs. Miss. Ms.)

Street Address, City, County, State and ZIP Code

2. Against whom is this complaint being filed?

Name (Last Name-First Name-Middle Initial)

Street Address, City, County, State and Zip Code

Telephone Number

Is the party named above a: (Check applicable box or boxes)

☐ Builder

☐ Owner

☐ Broker

☐ Salesperson

☐ Supt. or Manager

☐ Bank or Other Lender

☐ Other - Specify

If you have named an individual above who appeared to be acting for a company in this case, check this box ☐ and write the name and address (Street, City, County, State, and Zip Code)

Name and Identify Others (if any) you believe violated the law in this case

3. What did the person you are complaining against do? (check ☒ all that apply)

☐ Refuse to rent, sell, or deal with you

☐ Falsely deny housing was available

☐ Engage in blockbusting

☐ Discriminate in the conditions or terms of sale, rental occupancy, or in services or facilities

☐ Other: (explain in block 6 below)

☐ Advertise in a discriminatory way

☐ Discriminate in financing

☐ Discriminate in broker's services

☐ Intimidated, interfered, or coerced you to keep you from the full benefit of the State or Federal Fair Housing Laws

☐ When did the act or acts occur? (include the most recent date, if several dates are involved)

4. Do you believe that you were discriminated against because of your: (check ☒ all that apply)

☐ Race or Color

☐ Black

☐ White

☐ Other (specify)

☐ Religion (specify)

☐ Sex

☐ Male

☐ Female

☐ Handicap (specify)

☐ Physical

☐ Mental

☐ Familial Status
(Children under 18 in the family or pregnant female)

☐ National Origin

☐ Hispanic

☐ Asian or Pacific Islander

☐ American Indian or

☐ Alaskan Native

☐ Other (specify)

5. What kind of house or property was involved?

☐ Single family house

☐ A house or building for 2,3, or 4 families

☐ A building for 5 families or more

☐ Other, including vacant land held for

Did the owner live there?

☐ Yes

☐ No

☐ Unknown

Is the house or property:
(check ☒ applicable box)

☐ Being sold?

☐ Being rented?

What is the address of the house or property?
(street, city, county, state)

6. Summarize in your own words what happened. Use this space for a brief and concise statement of the facts. Additional details may be submitted on attachment.

Note: THRC will furnish a copy of the complaint to the person or organization against whom the complaint is made.

You have the option of notarizing the complaint for OR signing the declaration statement below, either of which must be done before filing the complaint.

I declare under penalty of that the foregoing is true and correct.

Complainant Signature

Complainant Signature

Date

NOTARIZATION

Complainant Signature

Date

Complainant Signature

Date